

## NORTH CAROLINA DEPARTMENT OF JUSTICE SHERIFFS' STANDARDS DIVISION

JOSH STEIN ATTORNEY GENERAL POST OFFICE BOX 629 RALEIGH, NC 27602 - 0629 TELEPHONE: 919-779-8213 FAX 919-662-4515

REPORT OF SEPARATION

DIANE KONOPKA DIRECTOR

	DEPUTY SHERIFF	FORM F	DETENTIO	N OFFICER
INSTRUCTIONS: Please type or print all information clearly. This form shall be completed upon separation from one or both certified positions. This form must be submitted to the Commission NO LATER THAN 10 DAYS AFTER FINAL SEPARATION. A copy of this form must be retained in the appointing Agency's Personnel file.				
SEPARATING AGENCY VANCE COUNTY SHERIFF'S OFFICE PHONE NUMBER (252) 738-2200  ADDRESS 156 CHURCH STREET, SUITE 004, HENDERSON, NC ZIP CODE 27536  OFFICER'S NAME JUSTIN JAMEL WHITE				
OFFICER'S NAME JUS		JAMEL	WHITE	-
	(First)	(Middle)		, l. ast:
CURRENT HOME ADDRESS 130 CHAPPELL LANE, KITTRELL, NC 27544				
DATE OF BIRTH 08/15/1989 SOCIAL SECURITY NUMBER				
	T: DEPUTY 06/05/2017		_ DETENTION OFFICE	FR
POSITION-RANK DEPU	TY SHERIFF		Full-Time	Part-time
DATE OF SEPARATION 10/24/2018				
Death				
Was this separation a result of a criminal investigation or violation of Commission rules?  VES NO				
Are you aware of any on-going or substantiated internal investigation regarding this officer within the last 18 months?  VES NO				
✓ YES NO				
I, as an official representative of this agency, do advise that the above-named officer has been separated from this agency on the				
date indicated herein. In addition, pursuant to the requirements of 12 NCAC 10B .0405(c), the officer has been notified of this separation as evidenced by his/her signature below or the attached letter. IF this officer was ACTIVE between January and				
July, and did not complete the mandated In-Service Training, he/she must do so before becoming Active again. In addition.				
the obligation to notify the Sheriffs' Standards Division of criminal charges, domestic violence orders and civil no contact				
orders continues for one year from the date of separation.				
Total		SI	heriff /	25-13
Signature of Sheriff or Reg	istered Authorized Repres			Date
"Signature DN file"				
Signature of Officer		Da	te	

<sup>\*\*</sup>Officer has the right to submit a written statement of additional information to the Sheriffs' Standards Division regarding this separation

